HealthCap
RISK MANAGEMENT SERVICES

COVID Strategies – CMS/CDC/QIO

Goal:
Minimize the risk of non-infected residents interacting with infected or colonized residents and limit exposure to staff by:

- Residents: Those infected or colonized with the same infectious agent will be confined to one area
- Staff: Assign to a specific set of cohorted residents
- An active surveillance program in conjunction with Standard and Transmission-Based Precautions to control the spread of disease
- Part of intensified interventions for an outbreak, novel or resistant pathogen or highly transmissible disease

COVID-19 Care Unit

- Standard Precautions plus respirator, gown, gloves and eye protection for each staff member
- Physically separate location if possible
- Dedicated nursing assistants and nurses
- Restrict ancillary staff whenever possible if unable to dedicate them to the COVID unit
- Post signage at the entrance, including PPE instructions
- Keep the door closed or create a barrier at the entrance
- Train unit personnel in infection prevention, including PPE use
- Monitor PPE and implement optimization strategies if needed
- Dedicate resident care equipment that does not leave the unit

Considerations for "Other Designated Areas" in your center
General Population – COVID Negative Residents
Observation Areas

- Admissions
- Readmissions

Special Considerations

- Roommates of COVID positive residents
  - Single room preferred
  - May place with another exposed roommate if single room not available
- Dialysis Residents
  - Dialysis puts the resident at greater risk of acquiring disease
  - Multiple transfers increase risk to other residents of acquiring disease from dialysis residents

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Best Practices for COVID-19 Care Units
"We put our COVID unit on a separate floor, with a separate staff entrance. Colored tape marks off hot, warm and cold zones. Staff change into hospital-provided scrubs and shoes that they leave here before entering the "Hot Zone". We launder the scrubs here".
"It's important to set up a process for communication, supply and meal delivery with the "Hot Zone" as staff in this area can't leave until the end of their shift and other staff can't enter".
"Once you think you have thought of everything, provide unit tours for the local health department and staff that did not participate in developing the unit, they may see things you forgot to include."

Lessons Learned for COVID-19 Care Units
"You can get bed locked really quickly if you don't already have an unused wing. We had 11 rooms on our COVID unit but filled it in just a few days with people who went out to medical appointments, so we had to then isolate in place".
"The plastic separating the halls needed disinfecting hourly because everyone was touching it".
"It takes less to change a room to negative pressure than you might think".

Cohorting Admissions and Readmissions

- All residents with confirmed COVID-19 not meeting Transmission-Based Precautions discontinuation criteria should be admitted to the COVID-19 unit.
- Residents who meet Transmission-Based Precautions discontinuation criteria can be admitted to regular units.
- Residents with status unknown – place in single room or observation area and monitor for 14 days
    - Unknown status includes residents tested during hospitalization or at the time of admission who may still be at risk for developing disease.
    - All COVID-19 recommended PPE should be worn during care
    - Consider COVID testing* to identify asymptomatic carriers

*Influenced by capacity for testing (access to swabs and PPE)

Discontinuing COVID-19 Cohorting

- Continue Transmission-Based Precautions and cohorting until criteria for discontinuation are met
- Symptomatic resident:
  - Symptom-based: 10 days* since onset of symptoms, afebrile 24-hours, respiratory symptom improvement
  - Test-based**: Afebrile, respiratory improvement, two negative COVID-19 results collected more than 24-hours apart
- Asymptomatic resident
  - Time-based: 10 days* post COVID-19 testing is still asymptomatic
  - Test-based: Two negative COVID-19 results collected over 24-hours apart, is still asymptomatic

*Refer to your state or local regulations, if longer
**Only recommended for specific residents in consultation with infectious disease experts

Siegel, J.D., Rhinehart, E., Jackson, M., Chiarello, L., & the Healthcare Infection Control Practices Advisory Committee. (2007). 2007 Guideline for isolation precautions: Preventing transmission of infectious agents in healthcare settings.
https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html
https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Fstrategy-discontinue-isolation.html
https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html
https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf
Decision Memo 8.10.20. https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html